

January 27, 1987
Vol. XXXIX No. 2

U.S. Department of Health
and Human Services

National Institutes of
Health

The NIH Record

Wilson Portraits Unveiled In Dedication Ceremony

Portraits of Luke and Helen Wilson, the Bethesda citizens who donated part of their "Tree Tops" estate to the U.S. Government in 1935—which eventually became NIH—were unveiled in Wilson Hall, Shannon Bldg., Dec. 18.

President Franklin D. Roosevelt, who received the original letter from Mr. Wilson and who made the final decision to locate NIH in Bethesda, publicly thanked the Wilsons in 1940 when he dedicated the original buildings of this campus. He said:

"For the very beautiful and very spacious grounds on which these buildings stand we are indebted to Mr. and Mrs. Luke Wilson, who wrote to me in 1935 asking if a part of their estate at Bethesda in Maryland could be used to the benefit of the people of this nation. I would tell her now as she sits beside me that in the compassion of Mr. and Mrs. Wilson

(See PORTRAITS, page 5)



Standing next to the portrait of Mrs. Luke I. (Helen) Wilson in Wilson Hall, Shannon Bldg., are (l to r): Ruth Wilson, daughter-in-law of the Wilsons, who still lives on the NIH campus; Derrick Wilson, Ruth Wilson's son; Dr. James B. Wyngaarden, NIH Director; and Mrs. C. W. Tyssowski, sister of Ruth Wilson.

Dr. Dawid Explores 'New Approaches to Old Questions' About Embryo Development for Mider Lecture

For nearly a century, scientists studying development have puzzled over how a single, fertilized egg cell develops into an organism made up of thousands of specialized cell types organized into arms and legs or a heart and brain. But the tools of the time taught these scientists little about the biological events underlying this seemingly miraculous process.

Although questions about how an embryo develops have changed little over the decades, new tools have generated new ideas about the way molecules and mechanisms shape up from

a formless ball of cells into breathing, thinking, complex animals. At this year's G. Burroughs Mider lecture, developmental biologist Dr. Igor B. Dawid will explore how recombinant DNA technology and cell biology techniques have provided new ways to tackle these old questions.

He will deliver the lecture on Wednesday, Feb. 11, in the NIH Clinical Center's Masur Auditorium at 8:15 p.m.

As chief of the NICHD's Laboratory of Molecular Genetics, Dr. Dawid will speak about the molecular events that occur in embryonic cells soon after fertilization. During this time, known as gastrulation, the developmental fate of these cells is sealed, and they embark on a path along which they become increasingly dissimilar, diverse, and specialized.

To learn what triggers this differentiation process, he and his coworkers have identified and isolated from frog embryos genes that are among the first to become active in the

(See MIDER LECTURE, page 6)



Dr. Dawid, chief of the NICHD's Laboratory of Molecular Genetics, will deliver this year's G. Burroughs Mider Lecture.

CFC Victory Celebration Date and Place Changed

Please note the CFC victory celebration scheduled for Jan. 29 in the ACRF Amphitheater has been changed to Feb. 13 in the Masur Auditorium. The time remains 11 a.m.

Dr. Shulman Appointed New NIAMS Director

Dr. Lawrence E. Shulman has been appointed Director of the new National Institute of Arthritis and Musculoskeletal and Skin Diseases by Dr. James B. Wyngaarden, NIH Director.

As Director, Dr. Shulman will oversee the Federal Government's program for the conduct and support of biomedical research and research training in the broad areas of arthritis and musculoskeletal and skin diseases.

He has served as the Acting Director of NIAMS, since its establishment in the Department of Health and Human Services in April 1986. Prior to that time, he was director of the Division of Arthritis, Musculoskeletal and Skin Diseases at NIH.

Dr. Shulman came to the NIH in 1976 from Johns Hopkins University School of Medicine where he headed the arthritis research and education programs as director of the connective tissue division. When he joined NIH, one of his early responsibilities was to develop and implement the several diverse programs recommended in the "Arthritis Plan" presented to Congress that year by the National Commission on Arthritis and Related Musculoskeletal Diseases.

(See DR. SHULMAN, page 10)

NIAID Awards Contracts For Treatment Units

Contracts have been awarded to five medical centers for establishment of AIDS treatment evaluation units (ATEUs) by the National Institute of Allergy and Infectious Diseases. The contract proposals for these five units had been approved in June 1986, but at that time funding was available for only 14 ATEUs.

The new units will receive a total of \$37.3 million over the next 4½ years to test experimental drugs in persons with acquired immune deficiency syndrome (AIDS), according to Dr. Anthony S. Fauci, NIAID Director. The patients will receive drugs that have potential for treatment of AIDS and the various opportunistic infections and cancers that develop in AIDS patients. AIDS has been diagnosed in more than 28,000 Americans since the first case was reported in 1981.

The five new ATEUs are located at Albert Einstein Medical Center in New York, N.Y.; Duke University in Durham, N.C.; Mt. Sinai Medical Center in New York, N.Y.; Tulane University in New Orleans, La.; and the University of Minnesota in Minneapolis. They expand to 19 ATEUs the network established on June 30, 1986, when \$100 million over 5 years was awarded to 14 institutions. □

TRAINING TIPS

The NIH Training Center of the Division of Personnel Management offers the following:

Courses and Programs	Dates
<i>Management and Supervisory</i> 496-6371	
Positive Influence & Negotiation	2/11-13
Federal Budget Process	2/25-27
Report Writing	2/17-19
Why Can't They Hear Me?	2/4-5
Communication Issues	3/24-27
Capitol Hill	3/19-20
Developing Motivations Strategies	3/12
MBTI II	3/18-19
	4/22-23
Networking—Silent Politics	4/2
<i>Office Skills</i> 496-6211	
Medical Terminology II	4/7-6-11
Improving Management Skills for Secretaries and Administrative Assistants	3/9-11
Communicating With Your Supervisor and Peers	2/3
Telephone Techniques	2/25
Advanced Typing	3/3-4/28
Improving Management Skills for Executive Secretaries and Administrative Assistants	3/9-11
Basic Time and Attendance	3/18-19
<i>Special Programs</i> 496-6211	
Adult Education 496-6211	
Training and Development Services Program	Continuous Availability

SHARE TRAINING: An online catalog is available by accessing WYLBUR. Enter SHARE TRAINING. First time users only, enter:
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'Getting Your PSA to the Public' Topic of Science Writers Meeting

Avraham Forman, deputy chief, Communications Services Branch, National Institute on Drug Abuse, will speak on his Institute's award winning "Cocaine: The Big Lie" public service campaign at a meeting of the NIH Science Writers Guild, Jan. 29, at noon in Bldg. 31, Rm. 8A28.

Last October, public service announcements from this campaign were shown more than 2,000 times in over 70 television markets across the country. Come see these successful PSAs, hear how they were put together, and learn how the campaign was developed.

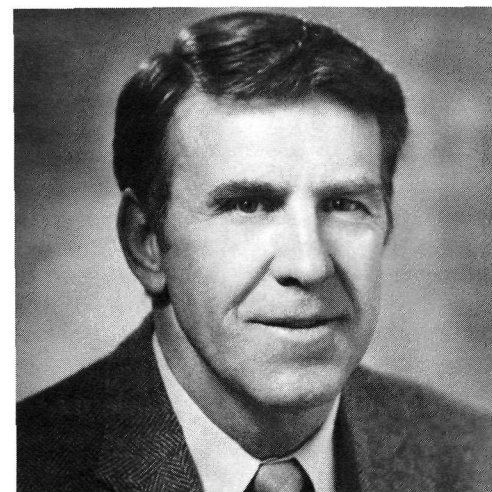
For further information, call Lynn Cave, 443-1124. □

Tax Assistance Begins Feb. 3

Milton Hault, income tax consultant, will be available in Bldg. 31, Rm. B1W12, for tax assistance Feb. 3 through Apr. 15 (Tuesdays, Wednesdays and Fridays). Income tax forms may also be obtained. For further information call 496-1355. □



The director and a staff member of NIDDK's Division of Kidney, Urologic, and Hematologic Diseases (DKUHD) were recently honored by the National Kidney Foundation at its annual awards luncheon. Dr. Gary E. Striker (l), DKUHD director, was presented the foundation's Scientific Leadership Award in recognition of his many contributions and initiatives in directing the scientific advancement of research against kidney diseases. Dr. James Scherbenske, DKUHD Renal Physiology/Pathophysiology Program director, was presented the Distinguished Service Award in recognition of his contributions as a principal DKUHD staff member assisting and communicating with the research community in pursuit of investigations in the field of kidney disease.



Electrical Hazard Associated With IBM PC-AT Equipment

The Occupational Safety and Health Branch of the Division of Safety would like to alert NIHers to a possible electrical hazard associated with the IBM PC-AT. A loose solder connection on the IBM PC-AT with a right angle power cord could cause an electrical shock to the user or possible loss of data.

To determine whether your computer is affected, check the power cord for the following information: "1501677, 18-3 type SJT, E3 462-C, LL30830, Shielded." One prong of the cord in question will be stamped J7; the other will be stamped either DN, AO, BO, CO, DO, EO, AP, BP or CP.

If you have a power cord with this information, contact Wilhelm Schmidt at 496-2346 for assistance in obtaining a replacement.

If you have been contacted previously by the manufacturer or by DCRT, disregard this alert. □

NIH Singles Meet Feb. 13, 26

The NIH Singles will meet for happy hour at Chatter's in Bethesda on Friday, Feb. 13, from 5 to 7 p.m.

Also, the NIH Singles Attitude Adjustment Hour will take place on Thursday, Feb. 26, from 5 to 7 p.m. at the FAES House on Old Georgetown Rd.

For further information call Judy, 496-6149. □

Judo Classes Begin in February

The NIH R&W Judo Club is starting a beginners class on Tuesday, Feb. 3 from 6:30 to 8 p.m. For more information, call Dr. Jim Turner at 496-4765. □

The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated by request to writers and to researchers in biomedical and related fields. The content is reprintable without permission. Pictures may be available on request.

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NIDR Begins Study To Assess and Treat Bone Loss Accompanying Periodontal Disease

Researchers at the National Institute of Dental Research are seeking volunteers for a study to assess and treat bone loss associated with periodontal disease.

Four other medical centers throughout the country—Harvard University, Emory University, University of Texas at San Antonio, and the University of Michigan—also will participate in the study in collaboration with the Upjohn Company.

Periodontal or gum diseases affect about 85 percent of the U.S. population. The disease begins with a condition of inflamed and bleeding gums called gingivitis that is the body's response to bacterial infection in the gums. If left untreated, the disease may progress to more severe stages and eventually destroy the soft and hard tissues that support the teeth.

Requirements Noted

To participate in the 3-year study, patients must:

- Be in good general health, be between the ages of 35 and 55, and have moderate to severe periodontal disease.
- Have not had within the past year, nor are presently seeking, conventional periodontal treatment including periodontal surgery and antibiotics.
- Have no chronic medical problems such as arthritis or heart conditions requiring treatment with nonsteroidal anti-inflammatory drugs or antibiotics.
- Have no removeable full or partial dentures.

Those interested in becoming part of the study can call 496-6626 for further information.

tion.

The NIDR study will be conducted by Dr. William Wright, senior periodontist in the NIDR Dental Clinic. In this study, tooth-supporting bone will be assessed through the use of conventional dental x-ray techniques and a unique method called digital subtraction radiography.

Digital subtraction radiography, which uses computer analysis to objectively quantify bone loss or bone gain over a period of time, will be performed under the guidance of Dr. Richard Webber, chief of the NIDR Diagnostic Systems and Analysis Branch.

Teeth Cleaned

Dr. Wright and his dental team will remove calculus from patients' teeth, smooth the roots, and assist patients with disease-preventing oral hygiene regimens. Patients then will be randomly assigned to a treatment group—either a placebo group or one of three groups that will receive different dosages of orally administered flurbiprofen, an investigational new drug that effects certain products of chronic inflammation.

Flurbiprofen—a nonsteroidal anti-inflammatory drug—is a potent blocker of prostaglandins, metabolites produced during chronic inflammation. The presence of prostaglandins in inflamed gum tissue also has been associated with the loss of tooth-supporting bone. Because periodontal disease is a chronic inflammatory disease, NIDR researchers believe that the use of flurbiprofen will be an effective way to stop or control bone loss. Previous smaller studies involving animals and humans have demonstrated flurbiprofen's merit. □

Revised Osteoporosis Booklet Now Available From NIAMS

Osteoporosis: Cause, Treatment, Prevention, a newly revised brochure, is available from the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

Osteoporosis is the major underlying cause of bone fractures in postmenopausal women and older persons in general, leading to an estimated 1.3 million fractures each year in people over 45 years of age. The disorder costs the country over \$6 billion annually.

The 44-page publication explains what osteoporosis is and discusses several possible risk factors. It describes ways to prevent and possibly treat the disease; and it reviews some of the current research related to osteoporosis.

In particular, the brochure describes measures that may prevent or at least slow down the development of osteoporosis. These are: estrogen replacement therapy—the only measure for which there is well-documented evidence of effectiveness—as a possibility for women going through or past menopause; increased calcium intake through diet and, if necessary, supplements; adequate vitamin D, especially for people who get very little sunlight; regular, weight-bearing exercise such as walking; and prevention of accidents and hazards that lead to fractures.

To get a single copy, send a business-sized, self-addressed envelope (about 4" by 9½") with 44¢ postage to:

Osteoporosis booklet
NIAMS/National Institutes of Health
Bldg. 31, Rm 9A04
Bethesda, MD 20892

Quantities are available from this address as follows: 10 copies for \$2 postage and handling; 25 copies for \$5; or 50 copies for \$10. Checks or money orders must be made out to "AMS Clearinghouse." All orders must be prepaid.

Organizations may reprint the booklet for their own use. □

Free Shuttle Vans From NIH to Dulles Offered By Ober-United Travel; Leave From Bldgs. 10, 31

When you travel, you want it to be as hassle-free and cost-effective as possible. And, with the new Federal City Pair Contracts, Dulles flights average 18 percent less in cost per flight than using the other Washington airports.

With this savings in mind, Ober-United Travel Agency offers a complimentary airport shuttle service from NIH to Dulles International Airport. This service, Monday through Friday, is for all NIH patients, official travelers, and others ticketed through Ober-United.

Ober-United's 10-passenger van will begin Jan. 20 at 7 a.m. The shuttle will depart from the main entrance of Bldg. 10 (ACRF) on

the odd hours, 7 a.m. through 5 p.m. with a stop at the main entrance of Bldg. 31A 5 minutes past the hour for Dulles Airport. The shuttle will depart from Dulles on the even hours, 8 a.m. through 6 p.m. for return to Bldgs. 31A and 10. The departure point from Dulles will be from the upper level of the baggage claim area West. Look for the "OBER-NIH" sign outside this area.

As seats are limited, reservations will be required for both departure for Dulles and return to NIH at least 1 working day in advance. Accommodations for special group requests can also be arranged. For further assistance and reservations, call Peggy, Ober-United, at 496-8900. □

Chamber Orchestra Presents Concert, Feb. 15

The NIH R&W Chamber Orchestra, conducted by Vladimir Svoysky, will present a concert on Sunday, Feb. 15, at 7:30 p.m. in Masur Auditorium, Clinical Center.

Wendy Walton, soloist, will perform in the J.S. Bach Suite for flute and strings. The program will also include music by Telemann, Corelli, Arensky, and Janacek.

Tickets cost \$5; children under 12 and all patients will be admitted free. For further information call Dr. J. B. Wolff, 496-7070. □

Weight Control Through Diet Urged In Treatment of Type II Diabetes

Weight control through diet should be the mainstay of treatment for noninsulin-dependent or type II diabetes concluded the expert panel of a recent NIH consensus development conference on diet and exercise in noninsulin-dependent diabetes mellitus.

This conference brought together researchers, physicians, nutritionists, and representatives of the lay public to form a consensus on diet and exercise in diabetes treatment based on scientific presentations made at the conference. The conference was sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases, the Office of Medical Applications of Research, and the Institut National de la Sante et de la Recherche Medicale, the French counterpart of NIH.

"The cornerstone of therapy," the 14-member panel concluded, "is a style of life centered around diet and supplemented, if needed, by insulin or oral agents." Exercise, the panel said, may be useful as an adjunct means of achieving weight loss.

Noninsulin-dependent diabetes (NIDDM, also called type II or adult-onset diabetes) affects an estimated 10 million Americans, 90 percent of people with diabetes. People with NIDDM have difficulty using glucose, or sugar, from digested food for energy. While they produce the hormone insulin which is necessary for glucose metabolism, their bodies resist the hormone's effects. As a result, blood levels of glucose become very high and glucose may spill into the urine.

Treatment of diabetes is aimed at lowering high blood glucose levels. Without treatment, diabetes can cause serious long-term complications which include heart, kidney, nerve, and eye disease.

Diet and Exercise

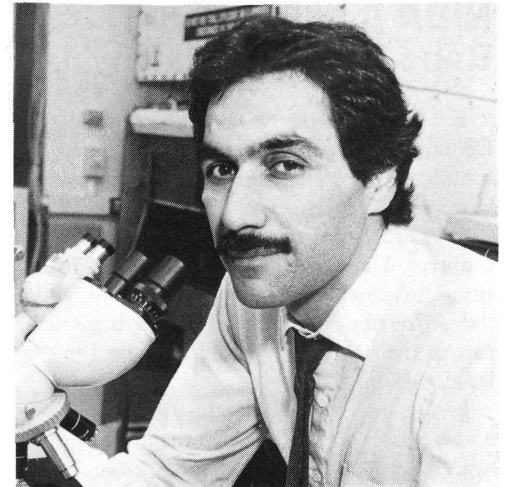
Diet and exercise are not new in the treatment of NIDDM. They have long been the mainstays of treatment for this condition, whether prescribed alone or in combination with oral diabetes drugs or insulin. The conference addressed specifics of diet and exercise such as what the role of weight loss was in controlling diabetes vs. altering the proportions of various components of diet; how diet and weight loss could best be maintained; and how important a role exercise plays in controlling NIDDM. Scientists made presentations to the panel on current research on these issues.

Among the points made by the panel in the final consensus statement of the conference were the following:

- The panel emphasized the importance of weight loss, calling weight reduction the "primary dietary intervention in NIDDM." Weight loss can reduce high blood glucose levels, a primary goal of diabetes treatment. The panel felt that the evidence supporting the usefulness of other dietary measures to control blood glucose was inconclusive. These measures included the use of high amounts of fiber in the diet and the use of the glycemic index, a means of rating foods according to how much of an effect they have on blood glucose levels.
- The panel felt that weight loss, rather than reducing dietary fat, was the primary approach to reducing circulating blood fats that raise heart disease risk. Because of the doubled risk of heart disease in NIDDM, an important goal of treatment is reduction of this risk. Besides lowering blood glucose levels, weight loss, according to the consensus panel, usually improves hypertension, hypertriglyceridemia, and hypercholesterolemia, three risk factors for heart disease. Once blood glucose is normal, the panel recommended the patients further attempt to reduce harmful blood fats and their risk of coronary heart disease by following present dietary recommendations for the general population: a reduction in fat intake to less than 30 percent of calories with saturated fat making up less than 10 percent of total calories.

Weight Loss Important

- The panel concluded that weight loss was of greater importance than exercise in NIDDM control. Nonetheless, because of the possibility that some exercise may reduce cardiovascular disease risk factors, the panel recommended that it was prudent for individuals with NIDDM to increase physical activity in a way that is manageable and safe for them.
- Finally, the panel felt that there is as yet no convincing data to demonstrate that weight control, dietary modification, or exercise are effective in preventing or delaying NIDDM. However, NIDDM is particularly frequent in people with a family history of the disease, and in those who are overweight. In these susceptible persons, concluded the panel, "it is prudent to maintain or achieve normal body weight in an attempt to minimize the risk of NIDDM." □



Dr. John Zovickian, a medical staff fellow with the NINCDS Surgical Neurology Branch, has won this year's Preuss Foundation Award from the joint section on tumors of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The award, honoring research by a resident in neurosurgery, went to Dr. Zovickian for his paper "Immunotoxin Therapy of Central Nervous System Neoplasia," coauthored by branch colleagues Drs. Virginia Johnson and Richard Youle. The paper describes experimental tests of immunotoxins—monoclonal antibodies hooked to a plant toxin—to treat human brain tumor cells in culture and central nervous system tumors in animal models. A resident in neurosurgery at the University of California, San Diego, Dr. Zovickian is at NINCDS for 2 years, conducting research with Dr. Youle and branch chief Dr. Edward Oldfield.



Dr. Ciriaco Gonzales (r), director of the Division of Research Resources Minority Biomedical Research Support Program, was recently awarded the 1986 New Mexico State University (NMSU) Distinguished Alumni Award by Dr. James E. Halligan, NMSU president. Dr. Gonzales was cited for his contributions to helping minorities enter the biomedical sciences through his efforts as an educator, consultant, and administrator.

NCI Study Suggests Passive Smoke Increases Risk of Lung Cancer

A National Cancer Institute study, based on evidence pooled from published reports, suggests that the risk for lung cancer in non-smokers rises about 30 percent if they are married to a spouse who smokes and 70 percent if the spouse is a heavy smoker. Drs. William J. Blot and Joseph F. Fraumeni, Jr., from the Epidemiology and Biostatistics program, Division of Cancer Etiology, published their findings in a recent *Journal of the National Cancer Institute*.

Although larger, more comprehensive studies are needed to understand how passive smoking causes lung cancer, the scientists believe that the cumulative epidemiologic evidence, supplemented by research from biochemical studies, shows that exposure to ambient (passive) tobacco smoke increases the risk for lung cancer among nonsmokers.

Evidence Mounts

The first epidemiologic studies in the early 1980's linking passive smoking with lung cancer were greeted with skepticism for two reasons: the study methods were questioned and the public did not believe that nonsmokers inhaled enough smoke to more than double their lung cancer risk, as the studies suggested.

Since that time, however, evidence for the exposure risk has mounted. Drs. Blot and Fraumeni conclude that the consensus of findings from 13 epidemiologic studies, both foreign and American, show that the risk of lung cancer is significantly increased by the long-term exposure to environmental tobacco smoke.

The scientists also looked at biochemical studies that showed increased levels of tobacco smoke constituents and byproducts in the body fluids of nonsmokers after they were exposed to tobacco smoke. Because environmental to-

bacco smoke contains many agents that may contribute to pulmonary cancer and because constituents of tobacco smoke have been detected in the saliva, blood, and urine of passive smokers, it is biologically plausible that a causal relationship exists between passive smoking and lung cancer.

In studies that had pathologic tissue confirmations, most nonsmokers had the types of lung cancer (squamous and small cell) that are most closely associated with cigarette smoking, adding yet another element of support to the finding of increased risk from passive smoke inhalation. Furthermore, the observed 30 percent excess lung cancer risk among passive smokers is approximately what might be expected among exceptionally light active smokers.

Review Restricted

The NCI review is restricted to lung cancer risk because information to assess the possible effect of passive smoking on other cancers is still inadequate. Almost all of the epidemiologic studies dealt with nonsmoking wives of smoking husbands because the number of nonsmoking male lung cancer cases was too small to evaluate.

To clarify further the risk of cancer and other diseases from passive smoking, the scientists propose larger studies that, when appropriate, include laboratory measurements of how the body absorbs and metabolizes the constituents and byproducts of environmental tobacco smoke.

Although further research is needed, the authors conclude that it would be prudent to regard the existing evidence as indicating that long-term exposure to environmental tobacco smoke can cause lung cancer. □

PORTRAITS

(Continued from page 1)



Mrs. Ruth Wilson and Dr. Wyngaarden look at the collage of historical photographs and mementos prepared in her honor that reflect 100 years of progress in science and health at NIH.

for suffering, in their hope for human action to alleviate it, she and her husband symbolized the aspirations of millions of Americans for a cause such as this. And we are very grateful."

Apparently the President was something of a Biblical scholar and knew that "Bethesda" was the healing pool outside of Jerusalem mentioned in *John 5*. The concept of doing health research at the "healing pool" appealed to him.

The portrait dedication was attended by several members of the Wilson family and their guests, Dr. James B. Wyngaarden, NIH Director, and NIH staff members. Mr. Gonzales, the artist, was unable to attend. Dr. Wyngaarden in his remarks said, "'Tree Tops' was the best present that the NIH ever received. This room (Wilson Hall) is the pleasantest meeting place on campus and a wide variety of visitors from all over the world come here for symposia that consider every aspect of health and disease. Now they will know why it is called Wilson Hall, in honor of the 'Founding Family' of the modern NIH." □

Volunteers Sought at NIMH

The Clinical Psychobiology Branch, NIMH, is currently seeking male volunteers between the ages of 18 and 35 to participate in a standard thyroid study.

Volunteers must be free of medical illnesses and currently taking no medication, as well as having no family history of psychiatric illness or alcoholism.

Subjects will spend three nights and one morning at the Institute over 3 to 4 weeks, and will be paid in accordance with the procedure and duration of each visit.

For further information, contact Susan Glick, 496-6981, Monday through Friday, 9 a.m. to 5 p.m. □

Chemical Society Honors Twelve NIGMS Grantees

Twelve grantees of the National Institute of General Medical Sciences recently won national awards from the American Chemical Society.

The recipients include Drs. Harry H. Wasserman and Jerome A. Berson, both of Yale University; Stephen J. Lippard of the Massachusetts Institute of Technology; K. Peter C. Vollhardt of the University of California, Berkeley; George McLendon of the University of Rochester; and Ronald Breslow of Columbia University.

Arthur C. Cope Scholar Awards went to Drs. Robert G. Bergman of the University of California, Berkeley; Emil T. Kaiser of the Rockefeller University; Satoru Masamune of the Massachusetts Institute of Technology; Albert I. Meyers of Colorado State University, Fort Collins; K.C. Nicolaou of the University of Pennsylvania and Leo A. Paquette of Ohio State University. These honors recognize excellence in organic chemistry and provide \$15,000 for research. □

NICHD Sets Research To Help Minorities' Health

"More research in the health behaviors and cultural processes of America's minority families is needed before we can successfully improve the health of Afro-Americans, Asian Americans, Hispanic Americans, and Native Americans." This was the conclusion of a group of demographers and behavioral scientists at a recent meeting sponsored by the National Institute of Child Health and Human Development.

Participants in the 2-day workshop on "Minority Families and Children" also recommended that—as much as possible—minority scientists be used to study their own ethnic groups to improve accuracy of the findings and to reduce any Anglo-American bias in evaluating data. The workshop was sponsored by NICHD's Human Learning and Behavior Branch.

Studies show that minority children are generally less healthy, have higher death rates, and more mental health problems than Caucasian children. They also are more likely to live in poverty, have less education and lower school grades than white Americans. Workshop participants discussed how demographic and cultural factors affect behavioral development in minority and ethnic families and together contribute to the continuing disparity in health status between white and minority Americans, despite major medical advances.

"This workshop is a direct response to the recent findings by the U.S. Department of Health and Human Services' Task Force on Black and Minority Health," said Dr. Josephine Arasteh of NICHD who cochaired the workshop with Dr. Margaret Spencer of Emory University in Atlanta. Following the task force's recommendation "to foster a research agenda to investigate factors affecting minority health," the discussants tried to identify specific gaps in data collected so far.

Dr. Antonia Novello, a pediatrician and deputy director of the NICHD, said "To be able to understand any minority groups and their special needs, we must first understand their cultural values. Puerto Ricans, Mexicans and Cubans all speak Spanish but they vary greatly in terms of life styles, cultural values and attitudes towards health and health behavior. Taking it one step further, the attitudes and life styles of Puerto Ricans in New York and in Puerto Rico are miles apart," said Dr. Novello, a native of Puerto Rico.

"Similarly, among Asian Americans, the Chinese, Vietnamese and Korean families differ vastly from each other in their cultural values, and we have to know what these differences are before we can design effective programs to im-



Dr. Anthony S. Fauci, NIAID Director (third from r) stands with the 1986 winners of the NIAID's Equal Employment Opportunity (EEO) Award. Ceremonies were held in the NIH Visitor Center's Little Theater to honor these individuals for their dedication and unselfish efforts in behalf of EEO objectives for the past year. They are (l to r): James Toliver, biological laboratory technician, Laboratory of Immunopathology; Douglas Seeley, supervisory entomologist, Malaria Section, Laboratory of Parasitic Diseases (LPD); Elnora Jackson, EEO specialist, NIAID-EEO office; Freddie Riley, technical information specialist, Office of Program Planning and Analysis; and James Merritt, biological laboratory technician, LPD. Back row: Joseph Edelin, biological laboratory technician, Malaria Section, LPD. Awardees not shown are Dr. Katherine Cook Jaouni, research microbiologist and special assistant to the director, Intramural Research Program (IRP), and Dr. Walter L. Maloy, head of the Peptide Synthesis Laboratory (IRP).

prove their health status," she added.

As important as socioeconomic and demographic variables are in determining a family's health, other factors also play a role in the higher morbidity (sickness) and mortality (death) statistics among minorities. They include:

- *Language barriers:* Families who do not know the English language well may be reluctant to visit a doctor, misunderstand his or her instructions, and read little about health and nutrition.

- *Recency of immigration; assimilation and acculturation:* Two-culture families are healthier than those who adhere exclusively to their old heritage or embrace the new culture, studies show.

- *Access to Information:* Minority individuals, even those who know the English language, tend to be less knowledgeable about health-related information and resources.

With this information as background, participants in the workshop identified several issues and questions that should be addressed in future research.

- What are the commonalities and differences among the four basic ethnic groups, Afro-American, Asian American, Hispanic American, and Native American on family attitudes and health-related behaviors?

- What are the differences within and among ethnic groups in the pace and direction of cultural adjustment and how do these affect the optimal physical, social, and academic development of the children?

- How do nutrition and health status affect physical and behavioral development across and within minority groups?

- What are the variations in perception of risk and risk-taking behaviors among ethnic groups?

We hope that the conference will stimulate research proposals from the scientific community concerned with minority health issues," Dr. Novello said. —Tineke Boddé □

MIDER LECTURE

(Continued from page 1)

developing animal. Using these genes as probes to study cell interactions and gene expression in the embryo, the scientists have begun to uncover important new clues to the mechanisms that determine how cells specialize. They have also identified the protein products of some of these genes, which are expressed in the earliest stages of vertebrate development.

Dr. Dawid has become well-known throughout the scientific community for his work in molecular and developmental biology and for his studies on the structure and function of genetic material in cellular organelles, such as the mitochondrion. He received his Ph.D. degree from the University of Vienna and has held research positions at the Max Planck Institute in Germany, the Carnegie Institution of Washington, Johns Hopkins University, and the National Cancer Institute. He joined the NICHD in 1982.

In 1981, Dr. Dawid was elected to the National Academy of Sciences. He has received the DHHS Distinguished Service Award and the Presidential Meritorious Executive Rank Award. He also serves on the editorial boards of several professional journals and has published numerous scientific papers. □

Prime Minister Gandhi Honors NEI Director

At a recent international conference on New Delhi, Indian Prime Minister Rajiv Gandhi presented a medal to NEI Director Dr. Carl Kupfer. The medal was for contributions to the prevention of blindness around the world. It was from the Indian National Society to Prevent Blindness and the Times (of India) Eye Research Foundation. Sir John Wilson, who was recently a Fogarty fellow at the NIH, also received a medal.

At the same conference, Dr. Kupfer was elected to a second term as president of the International Agency for the Prevention of Blindness (IAPB). The IAPB is a worldwide consortium of groups devoted to reducing the global toll of blindness. The World Health Organization participates in the IAPB, as do national prevention of blindness committees in more than 50 countries. Also included in the agency are a number of international voluntary organizations, such as Great Britain's Royal Commonwealth Society for the Blind, Germany's Christoffel Blindenmission, and this country's Helen Keller International.

The IAPB evaluates needs and opportunities for the prevention of blindness, primarily in developing countries. It seeks to expedite the development of strong programs and coordinate the availability of necessary resources.



Indian Prime Minister Rajiv Gandhi congratulates Dr. Carl Kupfer (from videotape by National News Photo, New Delhi).

CC Social Work Department Sponsors Film/Discussion

The Clinical Center Social Work Department continues with the monthly film and panel discussions on "Life Cycles & Illness." The second topic, scheduled for Feb. 12, will be on adolescents and substance abuse, and will include the film, "A Parent's Underground Guide to Teenagers."

All presentations will be held from noon to 1 p.m. in the ACRF Amphitheater. Future presentations and scheduled for Mar. 12, Apr. 9, and May 7.

For further information, contact Lorrie Cummings, 496-4210. □

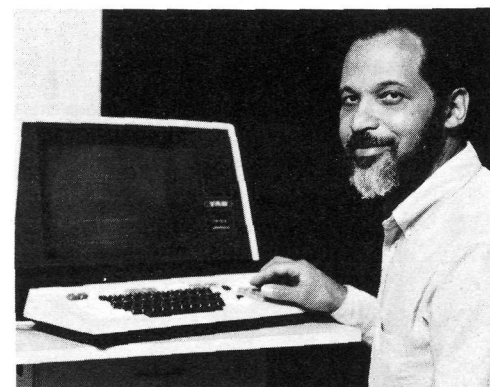
Normal Volunteers Needed

The Laboratory of Psychiatry and Psychopathology, NIMH, seeks men, ages 24-50, and women, ages 20-60, with 4 years of college or less to participate in neuropsychological research. One to three 2-4 hour sessions of testing is required. No painful procedures are employed; only EEG scalp electrodes are applied. Volunteers will be paid.

If interested, call Scott Hunter or Pat DeIdin, 496-7674 between 9:30 a.m. and noon, Monday through Friday. □

BEIB Scientists Win Award

Two scientists in the Biomedical Engineering and Instrumentation Branch (BEIB), DRS, have been awarded the Signal Processing Award by the European Association for Signal Processing for the Best Paper of the Year. Dr. James R. Ellis, Jr., an expert in BEIB, and Dr. Thierry Pun, formerly a visiting fellow



Dr. Ellis works on an idealized electron-microscopic spectrum.

there, were honored for a 1985 paper "Application of Simulated Poisson Statistical Processes to STEM Imaging."

The award was announced at the opening plenary session of the Third European Signal Processing Conference, held recently at The Hague in the Netherlands.

The paper was one of several published by BEIB in connection with the Electron Beam Imaging and Microspectroscopy Facility, which is a joint effort of BEIB and the Computer Systems Laboratory, DCRT. □

Dr. Gutfreund, Noted Biochemist, Begins Fogarty Scholarship

Dr. Herbert Gutfreund, one of the world's leading physical biochemists, has arrived on the NIH campus to begin his term as a Fogarty Scholar-in-Residence.

Dr. Gutfreund is professor of physical biochemistry at the University of Bristol Medical School in Great Britain. He is a key figure in the fields of enzymology, transient state kinetics and protein-protein interactions. He pioneered in the development of quench flow techniques and made substantial contributions to the knowledge of the mechanism of enzyme action.

Nominated by Dr. Evan Eisenberg of NHLBI, Dr. Gutfreund will be associated with several laboratories during his Fogarty scholarship: LCD/NHLBI, LCP and LMB/NIDDK.

He will be at NIH until June 15, and has an office in the Stone House, where he can be reached on 496-2590. □

Dr. Jules Gladner, Chemist Dies of Heart Attack

Dr. Jules Gladner, research chemist, Laboratory of Biochemical Pharmacology, NIDDK, died recently at Suburban Hospital of a heart attack. He was 64. Dr. Gladner had been with the Institute for 29 years before his retirement in 1985.

Born in Brooklyn, N.Y., he earned a B.S. degree in 1948 and M.S. degree in 1949 in organic chemistry from the University of Dela-



Dr. Jules Gladner

ware. In 1953, he received his Ph.D. in biochemistry from the University of Washington, Seattle.

Dr. Gladner did postgraduate training at the Massachusetts Institute of Technology, Cambridge, and spent 1 year as a chemist with the U.S. Naval Medical Research Institute, Bethesda. He came to NIDDK's Laboratory of Physical Biology in 1955.

During his years at NIDDK his research focused on the structure and function of proteolytic enzymes and on the mechanisms involved in blood clotting. He was the codiscoverer of the proteolytic enzyme, carboxypeptidase B, and demonstrated that thrombin, which is involved in the conversion of fibrinogen to fibrin, is a proteolytic enzyme. In addition, he was involved in the isolation and characterization of the A- and B-peptides released from fibrinogen by thrombin as an initial step in blood clotting.

Dr. Gladner was a member of the American Chemical Society, American Society of Biological Chemists and many other organizations. He coauthored more than 50 scientific articles and served on editorial boards of *Archives of Biochemistry and Biophysics* and *Tissue Reactions*.

He is survived by his wife, Mildred Weller Gladner, sons, Marc of Phoenix, Ariz., and Neil of Gaithersburg, and a daughter, Michele of Silver Spring.

Three NICHD Employees Receive PHS Commissioned Officers' Awards

Three NICHD employees recently received PHS Commissioned Officers' Awards during the meeting of the National Child Health and Human Development Council.

Dr. Duane Alexander, the Institute's Director, presented the awards to:

Dr. John C. Donovan, who was then-head of the Intramural Program's Unit on Management of Research Animals, received the PHS Commendation Medal "for the development of an exemplary program on the management of research animals in a period of unprecedented social and scientific challenge." He is now duty director of the Laboratory of Animal Science in NCI.

Robert P. Nugent, an epidemiologist in the Epidemiology and Biometry Program, was awarded the PHS Citation "for superior performance in coordinating a national study of maternal infection and prematurity."

Dr. Jeffrey A. Perlman, chief of the contraceptive development branch in the Center of Population Research, was the recipient of the PHS Commendation Medal "for exceptional



Three NICHD employees recently received PHS Commissioned Officers' Awards from the Institute's Director, Dr. Duane Alexander (l) as Dr. Arthur S. Levine (r), scientific director, looks on. The recipients (l to r) are Robert P. Nugent, Dr. Jeffrey A. Perlman and Dr. John C. Donovan.

leadership in organizing and directing a program for the support of research on the medical efforts of contraceptive methods." □

Drs. Renault, Schechter Receive EEO Awards

Dr. Phillip Gorden, NIDDK Director, recently presented Equal Employment Opportunity Awards to Dr. Pierre F. Renault, NIDDK deputy director, and Dr. Alan N. Schechter, chief, Laboratory of Chemical Biology, Division of Intramural Research.

Dr. Renault received a plaque in recognition of his "leadership and outstanding contributions to and support of the concepts and practices of equal opportunity and affirmative action." Dr. Gorden praised Dr. Renault's dedication on behalf of the Institute during his tenure as Acting Director.

Dr. Renault also received an EEO Special Achievement Award for his leadership in establishing the NIDDK Minority Affairs Advisory Committee to encourage and foster the Institute's interest in minority biomedical research careers.

Dr. Schechter received an EEO Special Achievement Award for his support of and commitment to programs to expand the pool of ethnic minorities and women in the biomedical sciences. Dr. Gorden cited Dr. Schechter for his support of the Minority Access to Research Careers (MARC) Program and commended his service this past summer as program coordinator for NIDDK's Summer Employment Opportunity Program for MARC students. □



Dr. Gorden (c) presents the awards to Dr. Schechter (l) and Dr. Renault.

USUHS Wants Male Volunteers

Males are needed for participation in a study on the effects of noise on mood and task performance being conducted at the Department of Medical Psychology at the Uniformed Services University of the Health Sciences in Bethesda.

Subjects must be between 18 and 45 years old, in good health, and medication free. Eligible subjects will be paid \$50.

If interested, call Laurie 295-3278, or leave message. □

New Jaw Surgery Technique Will Be Tested By NIDR; May Heal Faster, Lessen Discomfort

A new technique to help jaw surgery patients heal more comfortably is being evaluated in a study conducted by the National Institute of Dental Research. Forty volunteers are needed for the study which will compare two methods of preventing postsurgical jaw movement.

Traditionally, teeth are wired together for 6-8 weeks following jaw surgery to prevent unwanted movement, or "relapse," of the repositioned jaw. During this time, the patient's ability to speak and eat are very limited. With the new procedures, patients are able to move their mouths 5 days after surgery because the jawbone is secured by metal plates and screws implanted in the jaw rather than by wires.

Jaw surgery, technically called orthognathic surgery, corrects severe abnormalities of the face and jaws known as malocclusions. These abnormalities include extreme overbites, unusually protrusive lower jaws, and open bites in which the mouth does not close entirely. They can be caused by birth defects, extensive thumb sucking, or trauma. While most Americans have some type of malocclusion, only severe cases require orthognathic surgery for correction.

People seek treatment because they have a difficult time eating and biting and because they are unhappy with their appearance, says oral and maxillofacial surgeon Dr. Jaime S. Brahim, the NIDR researcher who is overseeing the study. Although this type of surgery is relatively expensive, no fee will be charged for the services performed in this research study.

New Healing Technique

Correcting severe malocclusion requires surgical repositioning of the jaw and chin. After the jaw has been reset, the patient's teeth are wired shut to minimize movement and allow the jaw to heal properly. Locking the jaws into a stationary position, the wires function as would a cast on an arm. Though it is effective, this treatment, known as "nonrigid fixation," entails a lengthy healing period.

A new healing technique known as "rigid fixation"—which is being evaluated by Dr. Brahim in the research project—uses titanium mesh plates and screws. These implants, placed in the broken jaw at the time of surgery, secure the healing jaw and then remain in the mouth permanently.

Because the plates and screws internally support the jaw and prevent undesirable movement, the patient's mouth is wired shut for only 5 days after surgery. Patients are soon able to clean their mouths, speak and eat selected foods while their jaws are healing. "The tech-

nique will make the healing period much more comfortable for the individual," says Dr. Brahim.

Patients in the NIDR study may need to wear braces on their teeth for 9-12 months before surgery and up to 6 months after surgery. Thus, the entire treatment—surgery, fixation, and orthodontics—could take as long as 2 years to complete.

Healthy individuals between the ages of 16 and 48 who have facial bone defects or severe malocclusion of the teeth will be considered for the study. Persons interested in participating in the study should have their general dentist or physician write a letter of referral to Dr. Jaime Brahim, Dental Clinic, NIDR, NIH, Bldg. 10, Rm. 1B20, 9000 Rockville Pike, Bethesda, MD 20892. □

Catalog of Cell Lines Available Through NIGMS

The 1986/1987 *Catalog of Cell Lines: NIGMS Human Genetic Mutant Cell Repository* is now available through the National Institute of General Medical Sciences.

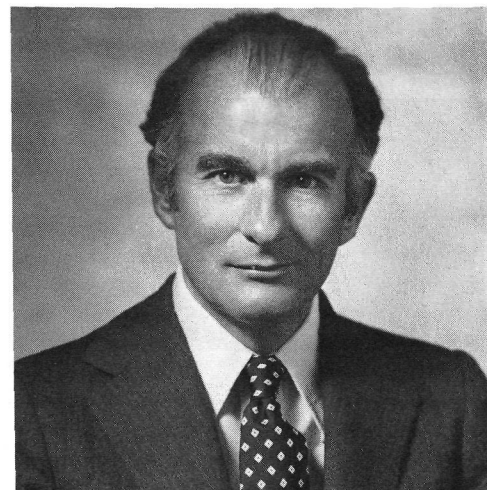
The catalog's 13th edition contains 154 new listings, bringing the total of cell cultures to 3,744. Added to the collection this year are 70 lymphoblastoid cultures obtained from a multigeneration pedigree of individuals with "maturity-onset diabetes of the young." This family consists of a large number of affected, at-risk, and normal individuals, and should be useful to investigators interested in gene mapping experiments.

Also new to the catalog are lymphoblastoid cultures established from eight members of a family with Pelizaeus-Merzbacher disease.

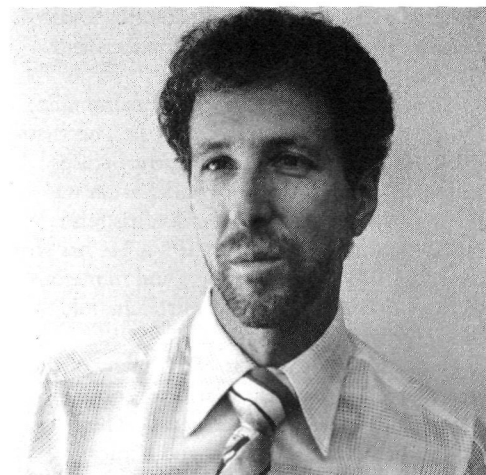
The repository is supported by a contract from NIGMS to the Coriell Institute for Medical Research in Camden, N.J. It establishes and stores well-characterized cultured cell lines from patients with genetic disorders as well as from members of their families. These lines are provided to requesting investigators at a modest charge, enabling them to study the cellular aspects of many genetic disorders without first having to locate cell donors.

The collection includes fibroblast and lymphoblast lines from individuals with a range of inherited metabolic diseases as well as from individuals with disorders characterized by chromosomal abnormalities.

Single copies of the catalog are available free from the NIGMS Office of Research Reports, Bldg. 31, Rm. 4A52, telephone 496-7301. □



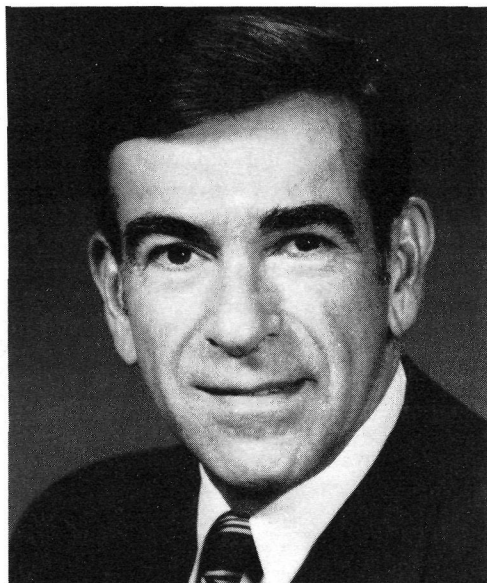
Dr. Henry deForest Webster, chief of the Laboratory of Experimental Neuropathology, NINCDS, has been elected to a 4-year term as president of the International Society of Neuropathology. Known for his pioneering use of the electron microscope to study normal and diseased nerve tissue, Dr. Webster has focused his research on mechanisms of myelin formation and breakdown. Now on 1-year sabbatical from NIH, he continues his work at the Max Planck Institute for Psychiatry in Munich, under a Senior U.S. Scientist Award from the Alexander von Humboldt Foundation. The award honors American scientists who have gained an international reputation, and allows them to do research in the Federal Republic of Germany for up to 12 months.



Dr. Kenneth Alan Collins has been appointed chief of the Research Documentation Section, Statistics and Analysis Branch, DRG. He will be responsible for the Computer Retrieval of Information on Scientific Projects (CRISP) system, a comprehensive database developed and maintained to facilitate rapid dissemination of up-to-date scientific information on research projects supported through the various research grants and contracts programs of PHS or conducted intramurally by NIH, NIMH, and NIAAA. The section also produces the Research Awards Index, which contains information extracted from the CRISP system.

DR. SHULMAN

(Continued from page 1)



For the past 4 years, Dr. Shulman has been president of the Pan American League Against Rheumatism.

He received his undergraduate degree from Harvard University. He later was awarded both a Ph.D. in public health and an M.D. degree from Yale University. He trained in internal medicine at Johns Hopkins University and Hospital, and began his career in arthritis research with work on corticosteroids under a research fellowship from the Endocrine Society.

An internationally known rheumatologist, Dr. Shulman has focused his research on rheumatic diseases such as lupus erythematosus and scleroderma. A major contribution was the discovery of eosinophilic fasciitis (also called Shulman's disease) in 1974. He has written some 100 scientific papers and numerous sections in major textbooks of rheumatology and internal medicine.

Under his leadership at NIH, many of the recommendations of the National Commission's Arthritis Plan have been achieved. These include a broad range of basic and clinical research in the rheumatic diseases; a national network of arthritis research centers; the Office of Epidemiology and Data Systems; the Arthritis Interagency Coordinating Committee, which Dr. Shulman chairs; the National Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse; and the National Arthritis Advisory Board.

He has served on numerous committees of the American Rheumatism Association and the Arthritis Foundation. He was president of the American Rheumatism Association in 1974-75. In 1979 the Arthritis Foundation gave him its distinguished service award. □

Nitroglycerin May Help Hypertensives

Nitroglycerin, the classic drug for relieving angina attacks, may help lower blood pressure in hypertension patients, scientists at the VA Medical Center and University of Minnesota, Minn., suggest.

Writing in a recent issue of *Clinical Pharmacology and Therapeutics*, Dr. Geza Simon, Dr. Jay N. Cohn, and Virginia Wittig reported that 4 weeks of therapy with nitroglycerin, administered through a skin patch, significantly lowered blood pressure in men already being treated for high blood pressure with other drugs.

Controlling hypertension typically involves three types of drugs, the Minnesota scientists explained. These include drugs that increase urination (diuretics), compounds that block blood pressure-elevating responses of the nervous system (adrenergic blockers), and chemicals that dilate blood vessels (vasodilators).

Although nitroglycerin is an effective vasodilator long used in the chronic treatment of angina pectoris and more recently in the management of congestive heart failure, this drug has not been studied as a potential antihypertensive agent. The Minneapolis investigators believe the reason is that oral nitroglycerine works for only a very short period. And transdermal nitroglycerin—the type absorbed through the skin from a drug-impregnated patch—hasn't proven effective for angina patients, because they appear to develop a tolerance to the drug during the continuous dosing that a skin patch provides.

To learn more about treating high blood pressure patients with nitroglycerin skin patches, the Minnesota scientists tested the drug on 11 men who were already being treated with a diuretic and an adrenergic blocker. The men received weekly increments of an inert compound or nitroglycerin for 4 weeks each.

The researchers found that sitting and standing systolic blood pressures were lowered in most of the men during the fourth week of nitroglycerin treatment. (Systolic pressure is the force generated by the heart as it pumps blood into the aorta. In a blood pressure reading, the systolic pressure is the larger of the two numbers.)

The Minnesota scientists commented that nitroglycerin's antihypertensive effect appears to be related to the dose used and to the degree of hypertension from which the patient suffers. The patients who entered the study with the highest systolic pressure derived the greatest benefit from nitroglycerin treatment. The two men whose doses had to be lowered because of headaches failed to derive therapeutic benefits from nitroglycerin.

The investigators concluded that nitroglycerin, in combination with a diuretic and adrenergic blocker, can lower blood pressure. They added however, that further studies are needed to find out whether higher blood pressure patients will develop tolerance to nitroglycerin with long-term use.—FASEB Feature Service □

Daycare Center Announces Child Care Food Program

The Nettie Ottenberg Memorial Child Care Center announces the sponsorship of the Child Care Food Program. The same meals are available to all enrolled children at no separate charge regardless of race, color, sex, age, handicap, or national origin and there is no discrimination in admissions policy, meal service, or the use of facilities.

Any complaints of discrimination should be submitted in writing within 180 days of the

incident to the Secretary of Agriculture, Washington, DC 20250.

Eligibility for free and reduced price meal reimbursement is based on the following income scales effective from July 1, 1986 to June 30, 1987.

Meals will be provided at the NOMCCC, 5650 Oakmont Ave., Bethesda, MD 20817.

For further information contact Anne Schmitz, 530-5550. □

Family Size	Eligibility Scale For Free Meals	Eligibility Scale For Reduced Price Meals
1	\$0-\$ 6,968	\$ 6,969-\$ 9,916
2	\$0-\$ 9,412	\$ 9,413-\$13,394
3	\$0-\$11,856	\$11,857-\$16,872
4	\$0-\$14,300	\$14,301-\$20,350
5	\$0-\$16,744	\$16,745-\$23,828
6	\$0-\$19,188	\$19,189-\$27,306
7	\$0-\$21,632	\$21,633-\$30,784
8	\$0-\$24,076	\$24,077-\$34,262
Each additional family member add	+ \$2,444	+ \$3,478

Kidney Disease Meeting Begins NIH Centennial Initiative

An "NIH Centennial Initiative" meeting on kidney disease of diabetes mellitus was held at NIH recently, sponsored by NIDDK's Division of Kidney, Urologic, and Hematologic Diseases (DKUHD), in collaboration with a voluntary health agency, professional, and industry consortium, and other Federal agencies.

More than 100 representatives of government, private industry, and the voluntary health community gathered at the conference to plan new cooperative research strategies for studying kidney disease of diabetes mellitus and to bring existing and new technologies to bear on the disease.

Dr. Gary E. Striker, DKUHD director, called kidney disease of diabetes mellitus (KDDM) the most serious complication of diabetes mellitus and the single most common cause of end-stage kidney disease. "When we talk about the major cause of death in insulin-dependent diabetes mellitus," he said, "it is kidney disease at this point."

Afflicts 1 Million

"About one-third of all patients who enter end-stage kidney disease programs have diabetes. Today kidney disease afflicts an estimated 1 million diabetic people in the U.S., and that number is increasing about 2 percent a year. If you look at patients after 40 years with insulin-dependent diabetes mellitus—you see 10 percent survival for those who have kidney disease, 70 percent for those who don't," emphasized Dr. Striker. "This is a *major* complication. The bottom line is that diabetes is the largest single cause of end-stage kidney disease."

Dr. Striker said that the coordinated, collaborative effort has been initiated because sub-

stantial strides have been made recently in the sciences basic to kidney disease and diabetes mellitus. Thus, for the first time, it seems feasible to design studies directed at the renal aspects of diabetes mellitus.

The 2-day conference provided the participants an opportunity to plan ways to provide a national focus of KDDM and to foster basic and clinical research in the field. The following are some of the new initiatives participants recommended be pursued.

- Study the epidemiology and natural history of KDDM.
- Study the effects of antihypertensive agents on KDDM.
- Study the relationship of glycemic control to KDDM.
- Study the effect of dietary modification on the course of KDDM.
- Study normal glomerular/tubular structure and function at the cellular, biophysical, biochemical and organ levels, and alterations of renal functions in diabetes mellitus.
- Assess the correlation between retinal blood vessel pathology with renal pathology.

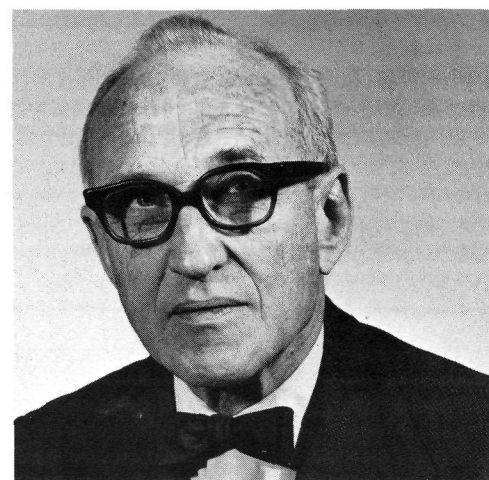
Develop Strategies

- Study the effect of newer interventional strategies on the progress of KDDM using stratification by stage and type of disease and controlling for variables such as blood pressure and glycemia.
- Develop registries for tracking kidney disease of insulin-dependent and noninsulin-dependent diabetes mellitus.
- Include American Indians in a national end-stage renal disease data system to allow the Indian Health Service to assess the need for services, to evaluate service delivery, and to treat ESRD, as preventive programs move to implement current research. (This registry would be supported by NIDDK and the Health Care Financing Administration.)
- Take steps to define the factors that precipitate or accelerate development of KDDM.
- Develop accurate and rapid standardized screening tests for mass screening of patients at risk.
- Ascertain current patient care practices and develop clinical guidelines for management of patients with KDDM.
- Gather epidemiological data concerning prevalence of urinary tract infections, cystitis, septicemia, hospital rates, and deaths among patients with KDDM.
- Communicate to Federal agencies and to the pharmaceutical industry newer diagnostic clinical end-points indicative of early renal dysfunction for use in clinical trials and drug evaluation. □

Dr. E. Kabat Awarded Dickson Prize

Dr. Elvin A. Kabat, NIH expert and Higgins professor of microbiology emeritus at Columbia University, New York, was awarded the University of Pittsburgh's Dickson Prize in Medicine for 1986-1987. An eminent immunochemist, Dr. Kabat received the prize and medal at ceremonies at the University after which he delivered his lecture, "Probing the Antibody Repertoire."

Dr. Kabat was one of the first scientists to characterize the chemical reactions of anti-



Dr. Kabat

gens and antibodies and to delineate the nature of such reactions. At the NIH, he is currently analyzing the differences in amino acid sequences in antibodies with the hope that this research may one day, lead to the development of synthetic antibodies to fight disease.

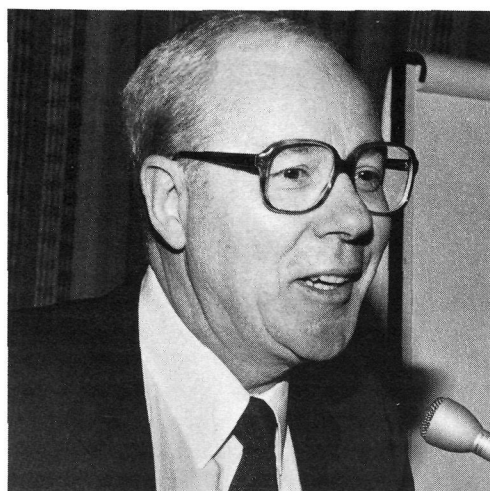
The Dickson Prize, established in 1969 by the estate of Dr. Joseph Z. Dickson, noted Pittsburgh physician and surgeon, and his wife, Agnes Fischer Dickson, is awarded annually by the university to honor the Nation's outstanding leaders in science and medicine. □

USUHS Wants Coffee Drinkers

Coffee drinkers are needed for participation in a study on the effects of coffee and other beverages on mood, reaction time, and task performance being conducted at the department of medical psychology at the Uniformed Services University of the Health Sciences.

Subjects must be nonsmokers between 18 and 45 years old (male and female), in good health, and drink at least four cups of coffee per day. Subjects will be paid \$25 for participating.

If interested, call Jeff Crain or Mary O'Keeffe at 295-3278.



Dr. Striker calls diabetes "the largest single cause of end-stage kidney disease."

Cancer Death Rate Decreases For Population Under Age 55

The cancer death rate is decreasing among the U.S. population under age 55, the National Cancer Institute reported in a recent statistics update.

"This decline in the death rate comes in the face of a slow increase in the cancer incidence rate in this age group, and is one of the most encouraging cancer statistics we see this year," said Dr. Vincent T. DeVita, NCI Director.

The cancer death rate for those under age 55 decreased 7 percent from 38.2 per 100,000 population in 1975 to 35.7 in 1984.

Dr. DeVita attributed much of the decline to advances in cancer treatment. He said that another measure of treatment success—survival statistics—shows gains among those in this age group.

"People under 55 have a higher overall 5-year relative survival rate for cancer than old patients, indicating that we're being particularly successful in treating these patients,"

he said. Twenty-four percent of all newly diagnosed cancers occur in persons under age 55.

The 5-year relative survival rate* for patients under age 55 for all cancer sites combined is 59 percent. This includes patients of all races and both sexes, diagnosed with cancer between 1974 and 1983.

These data were reported in NCI's annual update on cancer statistics. Data on cancer incidence and deaths are now available through 1984, and survival statistics are available through 1983.

"Colon cancer death rates for all ages combined are also decreasing in spite of an increasing incidence rate, reflecting in part advances in cancer treatment and in part earlier detection," Dr. DeVita said. The 5-year relative survival rate for colon cancer increased from 49.5 percent for patients diagnosed between 1974 and 1976 to 52.6 percent for patients diagnosed between 1977 and 1983.

This year's statistics also indicate that the decrease in the incidence of lung cancer among white men, first reported last year, is continuing, and a similar trend now is emerging among white women, particularly those under age 45.

"Again we're seeing evidence that individuals can take positive steps to reduce their risk for certain cancers by not smoking," Dr. DeVita said.

New data on breast cancer indicate that between 1983 and 1984 the death rate for white women under age 50 increased from a rate of 5.9 to 6.3. The rate had been decreasing an average of 1 percent yearly in the past decade. The reason for the increase is not certain, but it is for only one point in time, and may simply reflect a random fluctuation in the data.

For black women under age 50, the incidence rate was 31.7, and the death rate was 9.3. The incidence rate for black women over age 50 was 226.4, and the death rate was 92.7.

For the total U.S. female population, the incidence rate for breast cancer has been increasing an average of 1 percent yearly and was 94.3 in 1984. The death rate has been increasing an average of 0.2 percent yearly and was 27.3.

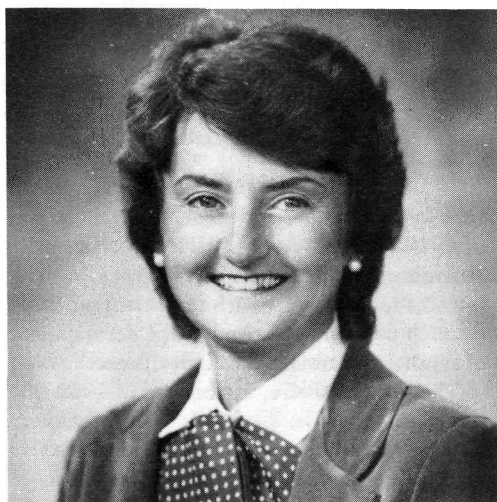
The 5-year relative survival rate for breast cancer for white women is 90 percent if cancer is localized when diagnosed, 68 percent if there is regional involvement, and 18 percent if it has metastasized. Survival rates for black women are lower.

To detect breast cancer early, NCI recommends that all women under age 50 perform monthly breast self-exams, and if they have a family or personal history of breast cancer, consult their physicians about mammography. Women age 50 and over are recommended to perform monthly breast self-exams, receive annual breast exams by a physician, and get periodic mammograms. For state-of-the-art treatment of breast cancer, women should have their physicians access the computerized database called PDQ for information on the latest treatment options.

These data are reported in *1986 Cancer Statistics Review*, prepared annually by NCI's Demographic Analysis Section, Surveillance and Operations Research Branch, for presentation to the National Cancer Advisory Board. The report provides detailed data on cancer incidence and deaths among the U.S. population, cancer patient survival including by stage of disease, and on types of surgery performed for some cancers.

Data on the incidence of cancer and on cancer patient survival are from NCI's Surveillance, Epidemiology and End Results (SEER) program, which has monitored the annual occurrence of newly diagnosed cases of cancer and the survival of patients in the United States since the program's beginning in 1973. Data on deaths are from the National Center for Health Statistics. □

**The 5-year relative survival rate is the percentage of patients who survive 5 years following diagnosis of cancer, adjusting for normal life expectancy.*



Formerly deputy chief in NHLBI's Grants Operations Branch, Lacey Durham has been named grants management officer in the Division of Research Resources. Ms. Durham will oversee DRR's extramural awards program which in 1985 totaled more than \$296 million in grants.

U.S. GOVERNMENT PRINTING OFFICE 1987—181-288/60023

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